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# Least Restrictive Environment (LRE) for Preschool Children with Disabilities:

## What We Know, and What We Should Be Doing

by

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University of Colorado - Denver 1999<sup>1</sup>

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The movement toward Least Restrictive Environments, LRE, for preschool-age children with disabilities gained national attention with the passage of the IDEA amendments, Public Law 99-457 in 1986. It addressed the LRE question by extending the provisions of P.L. 94-142 to children three years of age and older. While there may be challenges to the LRE language in P.L. 99-457, the importance of integrated services for young children with disabilities is not in doubt. Over the last several years, the evidence regarding integrated service delivery for young children with disabilities has accumulated rapidly. Based on scientific evidence, here is what we know:

### What We Know

—No study that has assessed social outcomes for children in integrated versus segregated settings has found segregated settings to be superior. This is important because one of the things that parents of young children with disabilities most desire for their youngsters is to develop friendships with their same-age non-disabled peers. And if we ask the question, “What developmental outcomes are most likely to lead to successful post-school adjustment?,” social skills is always the answer.

—The positive social outcomes attributable to integrated settings, however, have been seen only when social interaction is frequent,

planned, and carefully promoted by teachers.

—Typically developing children have shown only positive developmental and attitudinal outcomes from integrated experiences.

—There is no evidence that children with particular disability conditions or severe levels of involvement are poor candidates for integrated programs.

—On measures of how well children maintain skills after some initial teaching, segregated settings have been shown to have a poor outcome (i.e. children tend not to use newly-learned skills in segregated setting whereas they are much more likely to use these same skills in integrated settings).

### What We Should Be Doing

How might we translate our empirical findings into an ongoing service delivery model? The results speak to the following programmatic issues: a) child referral to integrated setting; b) continuum of service; c) teacher training; d) class organization and structure; and e) administrative practices.

**Child Referral.** Though there is little scientific evidence available, what exists does not support the notion that less disabled children should be preferred for integrated services while potentially excluding more involved youngsters. When formulating policy and procedures,

we must discount this popular belief and recognize that no available data exists upon which to exclude severely involved children from integrated placements. Further, some demonstration programs have shown that severely disabled children can be successfully integrated. Based on the evidence to date, we should screen children away from maximally integrated options only after high quality options with supports and services have been tried and failed.

**Continuum of Services.** Policy makers and those who design services are faced with the dilemma that it is possible for practitioners to satisfy the bureaucratic and legal requirements and yet not help, or worse, do potential harm, to the clients.

IDEA LRE requirements have evolved into a working definition that describes a continuum of service. This continuum allows requirements to be satisfied by instituting any of a number of options. Yet, scientific evidence shows that integrated services produce the desired outcomes only when young children with disabilities are integrated at least several days per week into the social and instructional environment with typically developing peers. Any continuum of permissible services that ranges, for example, from a segregated class in a segregated building, through a segregated class in regular building, is too broad to

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<sup>1</sup> A version of this paper was originally published in the *Journal of Early Intervention* (14:4), 1990.

be effective and may deny clients the benefits of inclusive placements.

**Teacher Training.** The technology and tactics for operating high quality integrated programs are new and mostly contained in research papers. Therefore, it is fair to assume that direct service providers, many of whom are not likely to have been exposed to the newest professional developments, may require intensive, competency-based preservice and inservice experience to implement an LRE.

A much greater emphasis on teacher preparation is needed if integrated service delivery is to fulfill its potential. Attempting any innovation like integrated service delivery with less than the best-prepared staff will likely yield poor services, poor outcome, and ultimately less integration for children with disabilities.

Successful teachers in integrated arrangements must, at a minimum, know how to do the following:

- Assess the current educational and social needs of all children and plan instruction accordingly.
- Meet the individual goals of all children within a group-teaching format.
- Plan and arrange for daily interactions between children.
- Utilize class peers as instructional agents.
- Frequently monitor child outcomes and use this information to modify instructional procedures, if necessary.
- Communicate and collaborate effectively with parents and enlist their help.
- Plan for child and family transition to the next educational

setting.

**Classroom Organization and Structure.** As noted, programs that have been characterized by high quality integration and excellent child outcomes have also been state-of-the-art on a variety of other dimensions. To fully realize the potential of integrated service delivery, programs for young children with disabilities should include:

-Provisions for early screening, referral, and programming to insure a minimal time delay between problem development and intervention.

-Provisions for the assessment of family strengths, resources, and skill needs, and intervention that is planned accordingly.

-Provisions for repeated curriculum-based assessments and instruction that relates directly to the assessments.

-Provisions for overall program evaluations that include the opinions of consumers (e.g. parents, teachers, administrators).

**Policy and Procedures.** To institutionalize quality service delivery, educational practices—not merely personnel—must be certified. We can do this by developing new program standards and using them for scrupulous monitoring, providing technical assistance and training for deficient programs and personnel, and decertifying programs and personnel that are chronically deficient.

**Administrative Practices.** Any educational innovation, be it preschool integration or another age group, will have little hope for long-term success without the support and vigilance of competent administrators. The administrative practices needed to insure high quality integrated services include:

-Eliminating, where necessary, state and local policies that promote separation rather than integration of disabled and typical children.

- Providing personnel, time, and fiscal resources needed for necessary teacher training.

-Expanding options for service delivery and teacher arrangements to include, for example, team teaching and consulting models.

-Providing professional leadership by encouraging innovative options for integrating children with disabilities, and providing specific incentives for other administrators to promote integrated service delivery.